



**Norwalk Easter
Public Library**

Volunteer Preference(s):

1. _____ 3. _____
2. _____ 4. _____

Application for Volunteer Service

Name: _____ Nickname: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Fax: _____

E-mail: _____ Library Card: ☐ Yes ☐ No

Are you 18 years or older? ☐ Yes ☐ No If no, Date of Birth: _____

I am seeking this volunteer position: (Check box) to satisfy ☐ School ☐ Scholarship

☐ Community Service requirements or as a ☐ Regular Library Volunteer

Name of school: _____

School Contact Person: _____

Number of hours to complete: _____ Deadline for completion: _____

Have you ever been convicted of a crime that has not been expunged or pardoned, other than a minor traffic violation?

☐ Yes ☐ No

If yes, when and for what offense _____
(A conviction will not necessarily be a bar to volunteering)

References: (Not related)

Name: _____ Phone: _____ E-mail: _____

Name: _____ Phone: _____ E-mail: _____

Emergency Contacts: In case of emergency, notify

Name: _____ Phone: _____ Relationship: _____

Background:

Education (what degrees or post-secondary education do you have?):

Interests & Skills (what kind of hobby, leisure or personal skills do you have?):

Work Experience (what kinds of work have you done?):

Volunteer Experience (what kinds of volunteer work have you done?):

How did you hear about the library's volunteer opportunities? (Check boxes)

- | | |
|---|--|
| <input type="checkbox"/> Librarian (who?) _____ | <input type="checkbox"/> Newspaper _____ |
| <input type="checkbox"/> Friend (who?) _____ | <input type="checkbox"/> Magazine _____ |
| <input type="checkbox"/> Event (which?) _____ | <input type="checkbox"/> Website _____ |

Do you require special accommodations or have physical limitations? ☐ Yes ☐ No

If yes, what? _____

Norwalk Easter Public Library
1051 North Avenue
Norwalk, Iowa 50211

As an applicant for volunteer with NEL

I voluntarily agree to submit to a criminal background check if offered a volunteer position working with underage children.

Submitting a volunteer application does not guarantee placement or engagement as a library volunteer. Once accepted as a volunteer, an assignment can end at any time at the discretion of the library director.

Qualified volunteer applicants are considered without regard to race, color, religion, sex, national origin, age, marital status, non-job related medical condition or disability.

I authorize NEL to thoroughly investigate information I submit as it relates to my suitability for a volunteer position as stated on this form.

I have not knowingly withheld any information that might adversely affect my chances for volunteering and the answers given by me are true and correct to the best of my knowledge. I have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure a volunteer position shall be grounds for rejection of this application.

I grant the library full permission to use my name, any photographs, videos, motion pictures, or recordings obtained through the volunteer program for any publicity and promotional purposes without obligation or liability to me. I acknowledge that there is no salary or other compensation for my services as a volunteer.

I understand that Norwalk Easter Public Library shall not be responsible for the loss or damage of personal property and possessions of the volunteer.

I agree to abide by and comply with the policies, the safety and health rules and regulations and the rules of conduct of the Norwalk Easter Library. I understand that my failure to do so may result in dismissal from the Volunteer Program.

My signature below certifies that I have read the above and understand, and agree to the terms and conditions outlined.

Signature: _____ Date: _____

If the potential volunteer is 17 years of age, or under, a parental signature is required below.

Medical Emergencies Involving Minors: In the event that a parent or legal guardian of a minor volunteer cannot be reached in a medical emergency, Norwalk Easter Public Library is authorized to arrange for emergency medical treatment, the cost of which will be the sole responsibility of the parent or legal guardian.

Print Name of parent or legal guardian

Signature

Date

Return completed application to your local branch or mail to:

Mary Kay Johnson
Norwalk Easter Public Library
1051 North Avenue Norwalk, Iowa 50211
mkjohnson@norwalk.iowa.gov
515-981-0217